

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**



Declaration
Submitted
with Initial
Filing

OR



Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number

X-9353

First Named Inventor

Merboth

COMPLETE IF KNOWN

Application Number

/

Filing Date

Art Unit

Examiner Name

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PACKAGE WITH INSERT FOR HOLDING ALLOGRAFT IMPLANT TO
PRECLUDE LIPID TRANSFER

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☐ Customer Number OR ☒ Correspondence address below

Name John S. Hale

Address c/o Gipple & Hale 6665-A Old Dominion Drive

City McLean

State VA

ZIP 22101

Country US

Telephone 703 448-1770

Fax 448-7780

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) Barbara L

Family Name
or Surname Merboth

Inventor's
Signature *Barbara L Merboth*

Date 2/7/02

Residence: City Bridgewater

State NJ

Country US

Citizenship US

Mailing Address 1207 Evergreen Drive

City Bridgewater

State NJ

ZIP 08807

Country US

NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) Malcolm

Family Name
or Surname Will

Inventor's
Signature

Date

Residence: City Aberdeen

State NJ

Country US

Citizenship US

Mailing Address 58 Ivyhill Drive

City Aberdeen

State NJ

ZIP 07747

Country US

☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

20030201 0642001

PTO/SB/01 (10-01)

Approved for use through 10/31/2002. OMB 0651-0032

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Name John S. Hale

Address c/o Gipple & Hale 6665-A Old Dominion Drive

City McLean

State VA

ZIP 22101

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NAME OF SOLE OR FIRST INVENTOR: ☐ A petition has been filed for this unsigned inventorGiven Name
(first and middle (if any)) Barbara L.Family Name
or Surname MerbothInventor's
Signature

Barbara L Merboth

Date 2/7/02

Residence: City Bridgewater

State NJ

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Mailing Address 1207 Evergreen Drive

City Bridgewater

State NJ

ZIP 08807

Country US

NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventorGiven Name
(first and middle (if any)) MalcolmFamily Name
or Surname WillInventor's
Signature

Malcolm Will

Date 02.07.02

Residence: City Aberdeen

State NJ

Country US

Citizenship US

Mailing Address 58 Ivyhill Drive

City Aberdeen

State NJ

ZIP 07747

Country US

☐ Additional inventors are being named on the _____ supplemental Additional inventor(s) sheet(s) PTO/SB/02A attached hereto.

2080ED-68426001

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PTO/SB/81 (02-01)

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Merboth
Title	Package with Insert
Group Art Unit	
Examiner Name	
Attorney Docket Number	X-9353

I hereby appoint:

☐ Practitioners at Customer Number

OR

☒ Practitioner(s) named below:

Name	Registration Number
John S. Hale	25,209
Jim W. Gipple	18,906

Place Customer
Number Bar Code
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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

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<input checked="" type="checkbox"/> Firm or Individual Name	Gipple & Hale and John S. Hale				
Address	6665-A Old Dominion Drive				
Address					
City	McLean	State	VA	Zip	22101
Country	US				
Telephone	703 448-1770	Fax	703 448-7780		

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Arthur A. Gertzman
Signature	<i>Arthur A. Gertzman</i>
Date	7 Feb 2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.